

LDD

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Gantor Kiki Brown

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Mike Moore, C.S.C. community
reduction center, Doctor Ronald
Phillips, Henry Sladex Deputy
Warden of Security

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

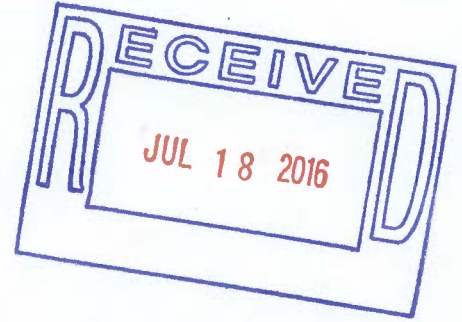
Name

ID #

Current Institution

Address

Gantor Brown
15066464
George W. Hill Correctional Facility
Box 23A
Thornnton, PA 19373



16 3887

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Mike Moore Shield # _____
Where Currently Employed George W. Hill Correctional Facility
Address Box 23A Thornton, PA 19373

Defendant No. 2 Name C.E.C. Community Education Center Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 3 Name Doctor Ronald Phillips Shield # _____
Where Currently Employed George W. Hill Correctional Facility
Address Box 23A Thornton, PA 19373

Defendant No. 4 Name Henny Slade Deputy warden of security Shield # _____
Where Currently Employed George W. Hill Correctional Facility
Address Box 23A Thornton, PA 19373

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? George W. Hill Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur? SA unit 10C

C. What date and approximate time did the events giving rise to your claim(s) occur? Around 10/19/2015 & 10/21/2015

Victimized after he told Prison Staffs he had enemies, then intentionally forced on block after refusing. Prison officials stated "custody level over safety". CEC George W. Hill failed to protect plaintiff thought anyone he had enemies. Execution of Government's policy or custom, whether D. Facts: Made by its lawmakers or by those whose edicts or acts may fairly be said to represent official policy, inflicts the injury that the government as a entity is responsible under 1983. Moving forward violate constitutional rights see supra at 695-660-

What happened to you?

662 we have no occasion to address and do not address, what still contours of municipal liability under 1983 may be. Prison Doctor was deliberate indifference to plaintiff serious medical needs. Elliott v. Jones, 2009 US Dist 41128 plaintiff was physically assaulted for his TV & Communion. Sustain a broken jaw & knocked out tooth. All could had been avoided. Classification Counselor Mike Moore didn't disregard prisoner's claim of having enemies on SA. Inmate.

Who did what?

Anderson door was deliberately burst days later while in the hole by prison employees along with plaintiff's, through having acknowledged through plaintiff injuries & witnesses that inmate Anderson & members of his gang was responsible in the reckless result in which plaintiff jaw was broken with a lunch tray knocking his tooth out & punching and kicking while he was down after taking his TV & Communion. Defendants violated plaintiff's 8th Amendment rights & was deliberate indifference. See Grayson v. Quarles, 2009 US Dist Court for 209 (W.D. Tex. Oct 14, 2009) failing to protect

Was anyone else involved?

Plaintiff from his enemies on an segregation unit put liability on CEC & the security of the facility. Henry Slacks plaintiff suffer more injuries from the second assault & was knocked unconscious. Doctor Ronald Phillips & staff were deliberate indifference to plaintiff's serious medical needs again by failing to provide adequate medical attention, causing plaintiff's injuries to worsen. Thus forth causing unnecessary pain & suffering

Who else saw what happened?

Plaintiff is having complex issue emotionally suffering from psychological distress, depression, which the further is the cause for this 42 USC 1983 civil rights claim against Defendants Mike Moore, CEC Community Education center, Doctor Ronald Phillips & Henry Slacks Deputy warden of security. Claim for relief is properly established under 42 USC 1983 the purpose behind this action

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Broken jaw, lost of tooth, numbness in face, back pain, bruised ribs, severe mental distress, did not get any medical treatment.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

George W. Hill Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

At George W. Hill

1. Which claim(s) in this complaint did you grieve? Save claims 5

wrote up in the Amended Complaint

2. What was the result, if any? No response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. No response

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

NA

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

NA

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

NA

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

one hundred thousand (100,000.00) each Defendant
Punitive Damages, Compensation in the Amount of (109,600.00) one hundred
thousand each Defendant compensation 75,000.00 SEVENTY FIVE THOUSAND
each Defendant Insurance Damages Request Counsel
OR appoint for I am a Lawyer at Law

Yes _____ No _____

On these claims

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

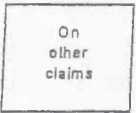
4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NA



- C. Have you filed other lawsuits in state or federal court?

Yes ____ No ____ NA

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NA

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) NA

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NA

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of 14, 2016

Signature of Plaintiff [Signature]

Inmate Number 15006464

Institution Address Box 23A

Thornton, PA, 19373

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of 19, 2016, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: 